Form Approved OMB No. 2040-0004

Page 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

FROM

001A **DISCHARGE NUMBER**

	MONITORING PERIOD											
YEAR	AR MO DAY			YEAR	МО	DAY						
08	10	01	то	08	10	31						

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	ì	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	*****	*****			****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				****	****	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly Discharge	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	****	****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	*****	*****	*****			I wice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				****	****	****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	*****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				****	****	****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	****	*****	*****			Once Per Weekly Discharge	GRAB

ſ	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
Ì		evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing						
ł	TYPED OR PRINTED	violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 2

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

NAME:

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027 PERMIT NUMBER

MO

10

DAY

01

TO

YEAR

80

FROM

001A

DISCHARGE NUMBER MONITORING PERIOD

MO

10

DAY

31

YEAR

80

DISCHARGE 001/MONTHLY

MAJOR

External Outfall

DMR MAILING ZIP CODE: 96799

No Discharge

PARAMETER		QUANT	TITY OR LOADING		Ql	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFIC			TEL	EPHONE		DATE	
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TYPED OR PRINTED	violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

FROM

001A **DISCHARGE NUMBER**

	MONITORING PERIOD											
YEAR	MO DAY			YEAR	МО	DAY						
08	11	01	то	08	11	30						

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	i	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****		*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	****	****			****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				****	****	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly Discharge	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	****	****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	*****	*****	*****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	****	****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	*****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				****	****	****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant nenalties for submitting false information, including the possibility of fine and imprisonment for knowing						
TYPED OR PRINTED	violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

MO

11

DAY

01

TO

YEAR

80

FROM

001A **DISCHARGE NUMBER**

MONITORING PERIOD

MO

11

DAY

30

YEAR

80

DMR MAILING ZIP CODE: 96799 MAJOR

DISCHARGE 001/MONTHLY External Outfall

No Discharge

PARAMETER		QUANT	TITY OR LOADING		QI	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	*****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFIC			TEL	EPHONE		DATE	
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TYPED OR PRINTED	violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

FROM

001A **DISCHARGE NUMBER**

	N	IONITO	RING	PERIO)	
YEAR	МО	DAY		YEAR	МО	DAY
- 08	12	01	то	08	12	31

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	;	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****		****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	*****	****			*****				Biogridie	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly Discharge	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	*****	*****			5.00a. q 0	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	*****	*****			I wice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	****	*****	*****			Once Per Weekly Discharge	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

NAME:

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

FROM

001A **DISCHARGE NUMBER**

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 08
 12
 01
 TO
 08
 12
 31

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

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ł	TYPED OR PRINTED	penalities for submitting faise information, including the possibility of line and imprisonment for knowing violations.	I SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR I	AREA Code	NUMBER	YEAR	МО	DAY

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Page 7

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PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

FROM

001S DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 08
 07
 01
 TO
 08
 12
 31

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001S/SEMIANNUAL

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	13.29 MO AVG	26.67 DAILY MX	lb/d	****	1138 MO AVG	2284 DAILY MX	ug/L		Semiannual	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.68 MO AVG	1.37 DAILY MX	lb/d	****	58.42 MO AVG	117.22 DAILY MX	ug/L		Semiannual	COMP24
Mercury, total recoverable	SAMPLE MEASUREMENT				****						
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.02 MO AVG	.06 DAILY MX	lb/d	*****	1.8 MO AVG	4.72 DAILY MX	ug/L		Semiannual	COMP24

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ł	TYPED OR PRINTED	perantes for submitting false information, including the possibility of time and imprisonment for knowing violations.	I SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR I	AREA Code	NUMBER	YEAR	МО	DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) - Summary

Last Refresh: 7/16/2008

Report Selection Criteria:

Beginning Monitoring Period End Date: 10/2008

NPDES ID(s): AS0000027 Months to Print: 3 Months

Limit Set ID(s): *

Permitted Feature ID(s): *

Major/Minor Indicator(s): MAJOR

Print DMR Information: No Sort Forms By: NPDES ID

State Code(s): AS

State-Region(s): *

Zip Code(s): *

Total Number of NPDES ID(s): 1

NPDES ID

AS0000027